



Department of Health

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Executive Deputy Commissioner

March 31, 2016

DAL:16-04

Revised ACF DSS Forms with
Assignment of DOH Form Numbers

Dear Administrator:

The purpose of this letter is to inform you that the Adult Care Facility forms listed below have been updated with Department of Health (DOH) form numbers. As the forms are referenced in the ACF regulations by their Department of Social Services (DSS) form numbers, the DSS numbers will remain along with the newly assigned doh form numbers. The forms were also revised to include the standard hearing of Adult Care Facility/Assisted Living". The following revised forms are attached:

- DOH-5176 (DSS 2900): Adult Care Facility Daily Resident Census Report
- DOH-5177 (DSS 3026): Adult Care Facility Chronological Admission and Discharge Register
- DOH-5192 (DSS 934): Notice of Change Enriched Housing Apartment Certification for Residents Receiving Social Security Income (SSI)
- DOH-5193 (DSS 2854): Adult Care Facility Personal Allowance Ledger
- DOH-5194 (DSS 3027): Adult Care Facility Inventory of Resident Property
- DOH-5195 (DSS 2853): Adult Care Facility Statement Offering Personal Allowance Account
- DOH-5196 (DSS 2855): Adult Care Facility Personal Allowance Summary

The Division of ACF/Assisted Living Surveillance will continue to review and update existing forms and notify you of changes. If you have questions regarding the revised forms, please contact the Division of ACF/Assisted Living Surveillance at (518) 408-1133 for further clarification.

Sincerely,

Valerie A. Deetz, Director
Division of ACF and Assisted Living
Surveillance

Attachments